



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
P: 605-362-2760 | <https://doh.sd.gov/boards/nursing/>

Assisted Living Center, Skilled Nursing Facility and Hospital RN Attestation for Medication Aide Training Course Completion

Applicant: Complete the top section of this form and then forward to your RN Trainer to have the bottom portion of form completed. This form must be completed to take the SDBON Medication Aide exam. Email this completed form to sduap@state.sd.us.

Please Print

Name (First): _____ Middle Initial: _____ (Last): _____

Social Security #: _____ Date of Birth: _____

Signature of Applicant

Date

*This Section to be completed by RN Trainer
Note: This section cannot be signed by the Applicant*

RN Attestation:

I, _____, RN verify that the individual identified on this application has completed the SD Board of Nursing's approved 20-hour Medication Aide Training Course, is capable of performing all skills listed on the SD Board of Nursing's Approved Skills Competency Checklist safely and competently, and is eligible to take the Medication Aide exam.

SDBON Approved Training Program: _____

Location: _____

Training Program Completion Date: _____

RN Signature:

DATE:

RN License #:

Telephone: _____ **Email:** _____